PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10815282

CLAIMS AS FILED - PART I								SMALL E	NTITY		OTHE	R THAN
_			(Column 1)		(Column 2)			TYPE		OR		ENTITY
TOTAL CLAIMS			2/					RATE	FEE		RATE	FEE
F	OR		NUMBER FILED		NUMBER EXTRA]	BASIC FE	E 385.00	OR	BASIC FEE	770.00
T	OTAL CHARGE	ABLE CLAIMS	If minus 20=		· 7			XS 9=		OR	X\$18=	126
ΙN	DEPENDENT (CLAIMS	3 minus 3 =					X43=	1	OR	X86=	
M	JLTIPLE DEPE	NDENT CLAIM F	RESENT		. — —			+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	 	OR	TOTAL	89/2
CLAIMS AS AMENDED - PART II							•				OTHER	THAN
		(Column 1)		(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	SER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	CI A144	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								TOTAL		ا ۱	TOTAL	
		(Column 1)		(Colum	n 2)	(Column 3)	^	DDIT. FEE			NODII. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHE NUMBI PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=	•	OR	X\$18=	
	Independent	*	Minus	***		=		X43= .		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL DIT. FEE		OR .	TOTAL DDIT. FEE	
			OII. FEE E	•		DDII. FEE	÷					
MEN		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column HIGHES NUMBE PREVIOU PAID FO	ST :R :SLY	(Column 3) PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		_		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=		X43=		│ ├	X86=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
• 16	the entry in colum	nn 1 ic loca than the	, anto, in anto-		ن'امم منا"ا	ma 2	Ľ	145= TOTAL		OR L	+290=	
If	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								·	OR A	TOTAL DOTT. FEE	
Ti	tile inignest Num he "Highest Num	nber Previously Paid ber Previously Paid	For (Total or I	SPACE is le ndependent	ess than) is the h	3, enter "3," lighest number:	found	in the appr	opriate box		•	